S. A. & I. 131 (2000)

COUNTY FREE FAIR WARRANT

Free Fair Cash Fund

Claim No. _____ Acct. No._____

Dept. _____

Purpose_____

For All Salary and Wage Claims
Supply the Following:

Total Amount Allowed $_____

Fed Tax $_____

State Tax $_____

Soc Sec. $_____

Medicare $_____

Insurance $_____

Other $_____

Net Amount of Warrant $_____

Warrant Registered _____ is____
Within Balance of Account Exclusive of Withholdings

Funds are available to pay same.

_____
Treasurer of Free Fair Board

_____COUNTY

Amount $_____

Office of Secretary of:

FREE FAIR ASSOCIATION
STATE OF OKLAHOMA

FISCAL YEAR 20___- 20___

Warrant No. _____

Payment No. _____

TO THE TREASURER OF
THE FREE FAIR BOARD _____Oklahoma, _____20_____

Pay to the order of: _____

_____ Dollars

Attest: By my own signature I attest the genuine signature of the presiding officer of the Board, and further truly certify that the purpose stated is, in summary, as disclosed on the face of the claim, and that the amount thereof is within the sum available thereof after providing for all claims and contracts pending, which are of record in my office.

_____
Secretary

Out of the COUNTY FREE FAIR CASH FUND from monies lawfully accruing to said funds for the aforesaid fiscal year after due registration and endorsement.

BY ORDER OF
THE FREE FAIR BOARD

_____
President, Board of Directors